

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A02000001034

1. Entity Name
WESTPOINT CENTER, LTD.



Principal Place of Business Mailing Address
1096 EAST NEWPORT CENTER DRIVE, STE. 100 1096 EAST NEWPORT CENTER DRIVE, STE. 100
DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442



2. Principal Place of Business 3. Mailing Address
6820 LYONS TECHNOLOGY CIRCLE #100 6820 LYONS TECHNOLOGY CIRCLE
Suite, Apt. #, etc. Suite, Apt. #, etc.
#100 #100
City & State City & State
COCONUT CREEK, FL. COCONUT CREEK, FL.
Zip Country Zip Country
33073 USA 33073 USA

03072006 Chg-LP CR2E003 (11/05)

4. FEI Number 16-1619213 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTTERS, MALCOLM
1096 EAST NEWPORT CENTER DRIVE, STE. 100
DEERFIELD BEACH, FL 33442

Name
Street Address (P.O. Box Number is Not Acceptable)
6820 LYONS TECHNOLOGY CIRCLE #100
City **FL** Zip Code **33073**
COCONUT CREEK

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE M. BUTTERS 04/28/06
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L02000018973**
NAME **WESTPOINT CENTER, LLC**
STREET ADDRESS **1096 EAST NEWPORT CENTER DRIVE, STE. 100**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

STREET ADDRESS **6820 LYONS TECHNOLOGY CIRCLE, #100**
CITY-ST-ZIP **COCONUT CREEK, FL. 33073**

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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: M. BUTTERS 04/28/06 954-570-8111
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

SEPARATE CHECK HERE